

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 5

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/01

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
PG 10 ATTACHMENT TO ATTACHMENT 3.1-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
PG 10 ATTACHMENT TO ATTACHMENT 3.1-A

10. SUBJECT OF AMENDMENT:

ALLOW PERSONAL CARE ATTENDANTS TO BE COVERED UNDER PRIVATE DUTY NURSING

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED  
COMMISSIONER, DEPT. OF HUMAN SERVICES

SIGNATURE OF STATE AGENCY OFFICIAL:

*Kevin W. Concannon*

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

Eugene Gessow  
Director, Bureau of Medical Services  
#11 State House Station  
Togus Complex  
Augusta, ME 04333-0011

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
March 30, 2001

18. DATE APPROVED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL

*David D. [Signature]*

21. TYPED NAME:

Ronald Preston

22. TITLE Associate Regional Administrator  
DHSD

23. REMARKS

State: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL SERVICES AND CARE PROVIDED TO THE CATEGORICALLY NEEDY

26. Except as noted below personal care services are those services provided by a home health aide, certified nurse aide or a personal care assistant. Services provided by a Home Health aide or Certified Nurse aide are delegated and supervised by a registered nurse. The services must be provided under an authorized plan of care. Services for clients age 21 and over require prior authorization by the state Agency or its authorized agent. Services are limited to an annual or monthly cap, according to the level of care as determined by the State Agency. Home Health nursing and aide services count toward the cap. Individuals under the age of 21 may be eligible for any level of personal care services. Individuals age 21 or over may be eligible for only the "At Risk" level of the "Extended" level services. Specific Instrumental Activities of Daily Living (IADLs) may be provided outside the home setting, as authorized in the plan of care.

Personal care services in Private Non-Medical Institutions are provided by qualified medical and remedial services facility staff, other qualified mental health staff and qualified personal care service staff and are supervised by a registered nurse. Services must be prescribed by a physician and delivered in accordance with a plan of care.

Consumer directed personal care services are provided only to individuals who are able to self direct a personal care attendant and who have chronic or permanent physical disabilities. The consumer must be his or her own guardian. Each individual is eligible for as many covered services as the state Agency or its Authorized Agent determine are necessary, and authorize in a plan of care, up to a maximum of thirty-five (35) hours per week of attendant services, exclusive of night attendant services.

OFFICIAL

TN No. 01-005

Supersedes

Approval Date: 5/30/01

Effective Date: 1/1/01

TN No. 95-005